MDR: M4-03-7466-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-19-03.

## I. DISPUTE

Whether there should be **additional** reimbursement for CPT code 22899 (X2)

## II. FINDINGS

The respondent denied reimbursement based upon "M No MAR."

Section 413.011(b) of the Act states, "Guidelines for medical services must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. The commission shall consider the increased security of payment afforded by this subtitle in establishing the fee guidelines."

## III. RATIONALE

DOS	CPT	Billed	Paid	EOB	MAR\$	Reference	Rationale
	CODE			Denial	(Maximum		
				Code	Allowable		
					Reimbursement)		
1-1-02	22899(X2)	\$9875.00	\$2149.38	M	DOP	Section	The requestor did not support
		each	\$ 316.25			413.011(b)	amount billed complied with
						General	Section 413.011(b) and that
						Instructions	additional reimbursement is due.
						GR (III)	

## IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (22899).

The above Findings and Decision are hereby issued this <u>18th</u> day of <u>March</u> 2004.

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division